

International Registration Plan (IRP)  
Schedule A – Idaho Application for Registration

Idaho Transportation Department  
Commercial Vehicle Services – Motor Carrier  
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Boise, Idaho 83707-1129

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Section 1, Application Information - Instructions are on Page 2 -

1. Idaho Account Number	2. Fleet #	3. Supplement #	4. Registration Year	5. Application Effective Date	6. Application Type <input type="checkbox"/> New Fleet <input type="checkbox"/> Renewal <input type="checkbox"/> New Account <input type="checkbox"/> Supplement <input type="checkbox"/> Other	7a. Legal or dba Name Change <input type="checkbox"/> Yes <input type="checkbox"/> No	7b. Physical/Mailing Address Change <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 2, Registrant Information – Information provided in this Section must correspond with Federal Motor Carrier Safety Administration data.

1. Registrant Legal Name	2. Registrant's U.S. DOT #	3. Taxpayer Identification #	4. Federal Operating Authority <input type="checkbox"/> Yes <input type="checkbox"/> No – MC #	5. IFTA <input type="checkbox"/> Idaho <input type="checkbox"/> Other:	6. Wyoming Intra Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Doing Business As (dba) Name	8a. Physical Street Address		8b. City	8c. State IDAHO	8d. Zip Code	9. Business Telephone	
10a. Mailing Address	10b. City	10c. State	10d. Zip Code	11a. Motor Carrier <input type="checkbox"/> Yes <input type="checkbox"/> No	11b. Owner/Operator <input type="checkbox"/> Yes <input type="checkbox"/> No	11c. Leased To	11d. Lessee's US DOT #

Section 3, Contact Information

1. Contact Name	2. Contact Telephone	3. Contact Fax	4. Contact E-Mail	5a. Licensing Agent <input type="checkbox"/> Yes <input type="checkbox"/> No	5b. Power of Attorney for this Registrant <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 4, Weight Information – Indicate one weight for each requested jurisdiction. All vehicles on this page will be registered at the weights shown. If a jurisdiction has not been previously declared for this fleet, a Schedule B must be provided in addition to this form.

AB (Alberta)	AL (Alabama)	AR (Arkansas)	AZ (Arizona)	BC (Brit. Columbia)	CA (California)	CO (Colorado)	CT (Connecticut)	DC (Dist. Columbia)	DE (Delaware)	FL (Florida)	GA (Georgia)	IA (Iowa)	ID (Idaho)	IL (Illinois)
IN (Indiana)	KS (Kansas)	KY (Kentucky)	LA (Louisiana)	MA (Massachusetts)	MB (Manitoba)	MD (Maryland)	ME (Maine)	MI (Michigan)	MN (Minnesota)	MO (Missouri)	MS (Mississippi)	MT (Montana)	NB (New Brunswick)	NC (N. Carolina)
ND (N. Dakota)	NE (Nebraska)	NH (New Hampshire)	NJ (New Jersey)	NL (Newfoundland)	NM (New Mexico)	NS (Nova Scotia)	NV (Nevada)	NY (New York)	OH (Ohio)	OK (Oklahoma)	ON (Ontario)	OR (Oregon)	PA (Pennsylvania)	PE (Prince Ed. Isl)
QC (Quebec)	RI (Rhode Island)	SC (S. Carolina)	SD (S. Dakota)	SK (Saskatchewan)	TN (Tennessee)	TX (Texas)	UT (Utah)	VA (Virginia)	VT (Vermont)	WA (Washington)	WI (Wisconsin)	WV (W. Virginia)	WY (Wyoming)	Weight Group #

Section 5, Vehicle Information – Each vehicle listed must accrue distance in two or more IRP jurisdictions each registration year to be eligible for IRP registration. Actual distance must be declared if accrued during the reporting period.

1. *Action	2. Unit Number	3. Vehicle Year	4. Vehicle Make	5. Complete Vehicle Identification Number	6.Vehicle Type	7. Fuel	8. Axles	9. Unladen Weight	10. Purchase Price	11. Factory Price	12. Purchase Date	
	13a. Titled Owner Name			13b. Owner's USDOT #	13c. Owner's TIN		13d. Idaho Title Number	13e. State Titled	14. Operation Type	15a. Horse Power	15b. Seats	16. Idaho IRP Plate Number

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Column 1, Action Codes: **A**-Add Vehicle   **R**-Renew Vehicle   **C**-Change Vehicle   **\*D**-Delete Vehicle

\*Refunds are offered only if the vehicle has been sold, wrecked or when an owner-operator/motor carrier lease has been broken. The cab card and license plate must be returned along with proof to support the refund request.

X

Signature of Person Completing Application

Date Completed

\*Change or \*Delete Reason:

Section 6, Office Use Only

<input type="checkbox"/> Mail <input type="checkbox"/> Fax	<input type="checkbox"/> Checklist attached	
<input type="checkbox"/> Counter <input type="checkbox"/> Phone/In office	Entered By:	Date Entered:
Number of Fee Months:	Mailed By:	Date Mailed:

## Idaho Instructions for Completing International Registration Plan (IRP) Schedule A

### Section 1, Application Information

- 1. Idaho Account Number** – The number assigned by the Idaho Transportation Department (ITD). Leave blank if you are a new registrant. All commercial vehicle transactions with ITD will use this number.
- 2. Fleet Number** – Consecutively number your fleets, beginning with “001.” Each fleet must have unique jurisdictions and all vehicles within the fleet will be registered accordingly.
- 3. Supplement Number** – Consecutively number your supplements (transactions), beginning with “000” for the initial application or renewal.
- 4. Registration Year** – The registration year for this transaction.
- 5. Application Effective Date** – The date you need this transaction to be effective.
- 6. Application Type** – Check the appropriate box for this transaction. If “New Account” is checked and you were previously registered in another IRP jurisdiction, enclose a copy of the most recent registration(s).
- 7. a. Legal or DBA Name Change or b. Physical or Mailing Address Change** – Indicate if any name or address in Section 2 has changed.

### Section 2, Registrant Information

- 1. Registrant Legal Name** – Name of the person, firm or corporation. Must match the Federal Motor Carrier Safety Administration (FMCSA) data. This name will appear on the vehicle registration.
- 2. Registrant’s U.S. DOT Number** – The number assigned by FMCSA to the registrant shown in Section 2, Boxes 1 and 7. Leave blank if leased.
- 3. Taxpayer Identification Number** – The Employer Identification Number (EIN) assigned to the registrant shown in Section 2, Boxes 1 and 7. If an EIN is not required, provide the Social Security Number assigned to the registrant shown in Section 2, Box 1.
- 4. Federal Operating Authority** – If operating interstate, for-hire, hauling non-exempt commodities, indicate “yes” and provide the FMCSA MC Number assigned to the registrant shown in Section 2, Boxes 1 and 7. Leave blank if leased.
- 5. IFTA** – Required for interstate vehicles over 26,000 pounds powered by fuels other than gasoline. Check “Idaho” or if your IFTA account is with another jurisdiction, check “other” and list that jurisdiction. Leave blank if leased or indicate “trip permit” if you choose to purchase permits.
- 6. Wyoming Intrastate Authority** – If operating intrastate in Wyoming, check “yes.”
- 7. Doing Business As Name** – The name under which the registrant does business. Must match the FMCSA data. This name will appear on the vehicle registration.
- 8. a. through d. Physical Street Address, City, State and Zip Code** – The actual street address or directions in Idaho where the registrant listed in Section 2, Boxes 1 and 7, has a place of business or residence and records will be kept or made available.
- 9. Business Telephone** – The Idaho telephone number in the name of the Registrant (Section 2, Boxes 1 and 7) at the Idaho address (Section 2, Box 8a). This number must be verifiable through Directory Assistance.
- 10. a. through d. Mailing Address** – All correspondence will be mailed to this address and will be shown on the vehicle registration(s).
- 11. a. Motor Carrier** – Indicate “yes” if you are a motor carrier or “no” if an individual leased to a motor carrier. **b. Owner-Operator** – Indicate “yes” if an individual leased to a motor carrier or “no” if a motor carrier. **c. Leased To** – If you have a current lease with a motor carrier, indicate the motor carrier’s name. Leave blank if not applicable. **d. Lessee’s U.S. DOT Number** – Indicate the U.S. DOT number assigned to the motor carrier you are leased to.

### Section 3, Contact Information

- 1. – 4. Contact Person** – Name of person able to answer inquiries regarding this account, that person’s telephone number, fax number and e-mail address.
- 5. a. Licensing Agent** – Indicate “no” if the contact person is not a hired licensing agent. If an agent, indicate “yes.” **b. Power of Attorney for this Registrant** – if “yes” is indicated in 5a., mark the appropriate POA box.

### Section 4, Weight Information

Indicate the combined gross weight for each jurisdiction (number of axles for Quebec) where the fleet is registered. All vehicles listed on a page will be registered for the weights shown and will appear on the vehicle registration. The number of axles will appear for Quebec, the pounds will convert to kilograms for the remaining Canadian provinces. For weights over 80,000 pounds, contact the individual jurisdiction(s) for additional permitting requirements. Leave “Weight Group Number” blank.

### Section 5, Vehicle Information

- 1. Action Code** – Indicate the applicable code listed in the lower left-hand section of the Schedule A.
- 2. Unit Number** – Maximum of six letters/numbers used to identify the vehicle. Cannot be duplicated during the registration year.
- 3. Vehicle Year** – Manufacturer’s vehicle model year.
- 4. Vehicle Make** – Manufacturer’s vehicle make.
- 5. Complete Vehicle Identification Number** – Complete VIN as shown on the bill of sale or title.
- 6. Vehicle Type** – TR (tractor, must pull a trailer to carry a load), TK (truck, never pulls a trailer), TT (truck-tractor, can carry a load with or without a trailer), MT (mobile home toter), BS (bus)
- 7. Fuel** – D (diesel), P (propane), G (gas)
- 8. Axles** – Number of axles, including steering
- 9. Unladen Weight** – Weight of the vehicle without load
- 10. Purchase Price** – Vehicle’s actual purchase price paid by the current owner
- 11. Factory Price** – Manufacturer’s list price of the vehicle when new, including accessories and modifications
- 12. Purchase Date** – Month, day and year the current owner purchased the vehicle
- 13. a. Titled Owner Name** – The owner name shown on the current title. This name will appear on the vehicle registration. **b. Owner’s USDOT Number** – The USDOT Number assigned to the vehicle owner if this owner is responsible for the safety of the vehicle. **c. Owner’s TIN** – The Taxpayer Identification Number (Social Security Number or Employer ID Number). **d. Idaho Title Number** – the Idaho title number assigned to the vehicle for the current owner. If newly purchased, provide a copy of the Idaho Application for Certificate of Title. Indicate “leased” for owner-operators based outside Idaho who are leased and registered under an Idaho motor carrier. **e. State Titled** – State in which the title was issued.
- 14. Operation Type** – E (exempt commodities only), P (private – commodities owned by registrant), I (interstate –for-hire).
- 15. a. Horse Power** – Rated capacity of the engine for buses. **b. Seats** – Number of seats (including driver for buses. Leave a. and b. blank for vehicles other than buses.
- 16. Idaho IRP Plate Number** – Indicate the plate number if the listed vehicle has an Idaho-based IRP plate assigned or if you are transferring a plate from a deleted vehicle to this vehicle. Leave blank if a new plate is needed.

Sign and date in the lower left-hand corner of the Schedule A. Indicate the reason for any change or deletion in the space provided. The application may be mailed, faxed or e-mailed along with the supporting documents to the location shown in the upper right-hand corner of the Schedule A.